



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9589

|   |   |                               |   |  |
|---|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/501,604  | <b>FILING OR 371(c) DATE</b><br>10/28/2004<br><b>RULE</b>   | <b>CLASS</b><br>128           | <b>GROUP ART UNIT</b><br>3764   | <b>ATTORNEY DOCKET NO.</b><br>04308057 |
| <b>APPLICANTS</b><br>Betty M Rozier, Hazelwood, MO;<br>Lisa M. Vallino, Hazelwood, MO;  |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/01216 01/15/2003 *<br>which is a CIP of 10/046,800 01/15/2002<br>and claims benefit of 60/349,828 01/16/2002<br>(*)Data provided by applicant is not consistent with PTO records.  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>UNITED STATES OF AMERICA PCT/US01/20888 06/29/2001  |   |                               |   |  |
| ** SMALL ENTITY **  |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>MO | <b>SHEETS DRAWING</b><br>23   | <b>TOTAL CLAIMS</b><br>60              |
| <b>INDEPENDENT CLAIMS</b><br>2  |   |                               |   |  |
| <b>ADDRESS</b><br>26565   |   |                               |   |  |
| <b>TITLE</b><br>Site guard for intravenous sites and other sensitive areas  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>790   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |